Reprinted from Vol. XXV of the 'Obstetrical Society's Transactions.']

1883

EXHIBITION OF SPECIMENS.

By Dr. Granville Bantock.

The first specimen I have to exhibit is a small dermoid cyst of the right ovary which I removed from a widow, æt. 32, the mother of two children. I have thought it might interest such of our Fellows as may not have seen an example of this form of tumour, containing teeth and hair. The cyst was filled with the usual characteristic sebaceous matter.

The second specimen consists of both the Fallopian tubes with the right ovary, and affords an example of the condition which is known as hydro-salpinx or dropsy of the Fallopian tube. The left tube formed a tumour as large as a cocoanut, which occupied the left side of Douglas's pouch, where it was firmly bound down and gave rise to great suffering especially when the bowels were moved. It was so tender that the patient could hardly bear any examination. In removing it I had to empty it of its contents by aspiration to enable me to apply the ligatures. The ovary was so bound down that I could not remove it. The right tube was as large as a hen's egg and was readily removed with the ovary. The contents were thin and watery, resembling the washings of tea leaves, and presented microscopic elements in the form of epithelial cells derived from the lining membrane.

I have now to show you a series of five fibroid tumours of the uterus, removed by abdominal section, constituting the operation of hysterectomy—variety supra-vaginal.

1. This specimen was removed from a single woman, æt. 39, who had suffered more or less during the last two years. It had grown very rapidly in the last six months, and had caused her so much suffering that she could no longer earn her living as a pattern-card maker. Menstruation was irregular and scanty and had never been abundant. The operation was rendered very difficult by the adhesion of the omentum to the whole anterior and superior aspects of the tumour, as well as to the parietes.

I could not find any trace of either ovary. The tumour weighed 7 lbs. 9 oz. ; on its superior aspect it presents a cavity, of the capacity of about 2 oz., and is a good example of commencing cystiform degeneration.

2. Obtained from a married woman, æt. 45, who had suffered for two years. Menstruation was regular, rather excessive, lasting seven or eight days, usually with clots, but without affecting her general health. Latterly the pain had become so severe that life had become intolerable. This was explained by the extensive adhesion of the omentum both to the tumour and parietes, as in the preceding case. The operation was very difficult from the extent to which the uterine body was involved, and such was the drag upon the stump that I could not prevent extensive sloughing of the skin under the supporting transverse pins. I could not find any trace of the right ovary. The site of the left was occupied by a cyst containing half a pint of fluid, which was removed by aspiration. The cyst itself was so bound down that I could not remove it. In the cavity of the uterus were two soft mucous polypi, one as large as a broad bean. Weight of tumour 2 lbs. It consists of the fundus of the uterus with numerous fibroids, and one constituting more than half the mass, growing out from the right side.

5. Removed from a married woman, æt. 44, the mother of four children. The tumour presented the characters of a multilocular ovarian tumour with colloid contents, and even now its elasticity might be mistaken for fluctuation. This was due to œdema which also affected the broad ligaments. The right ovary was ligatured separately. The tumour was of rapid growth, having existed only six months, as far as the patient was aware. It weighed 4 lbs. 6 oz. The menstruation was regular and rather scanty.

I have taken the specimens out of their chronological order, because a peculiar interest attaches to Nos. 3 and 4.

3. The patient from whom this specimen was removed was a single woman æt. 41. In April, 1881, she came under my care suffering from such excessive menorrhagia that she was in a state of profound anæmia. At that time the operation of removing the ovaries and appendages was

occupying a great deal of attention, and the relations of the growth to the uterine body and cervix were such that I dared not contemplate the radical operation, and I therefore performed Battey's operation. Within forty-eight hours metrostaxis set in and lasted four weeks, at times very severe. At the end of this period such a change had taken place that, whereas the uterus with its tumour reached to the umbilicus and the sound passed for about eight inches, it was now midway between the umbilicus and pubes, and the cavity measured only four inches. Such was the extent of the metrostaxis that nearly seven weeks elapsed before she could leave the hospital. Within the next month the hæmorrhage reappeared, and before she returned home I had the mortification of finding that the uterus was as big as ever. For twelve months she held her own fairly well, and although the hæmorrhage recurred with great regularity, it was not so free as formerly, but gradually it became more abundant and more prolonged, and she began to go back. It will give you some idea of the extent of this hæmorrhage when I tell you that from the beginning of November till the middle of January it never ceased, and at times was very severe. Under these circumstances I had no hesitation in recommending the removal of the tumour, although I had staring me in the face a note appended to the former operation, viz. that "the removal of the tumour was impossible;" for I had in the meantime learned how to treat these cases. The operation was not difficult, though it was not facilitated by the shortening of the broad ligaments by the previous one. Mark the great size of the uterine cavity, the enormous thickness of the uterine wall, and the condition of the tumour, which furnishes a good example of what I call *cystiform* degeneration in an early stage. Weight of tumour 3 lbs.

4. This specimen was taken from a widow, æt. 48, the mother of one child. About a year ago she was under the care of a distinguished surgeon of Birmingham, who removed the ovaries and appendages. She came under my notice in November last complaining of a tumour in the abdomen, which caused her so much suffering that she

could not follow her occupation of housekeeper. This tumour was as large as the head of a new-born child, and adhered to the greater part of a cicatrix of about six inches in length. The operator was good enough to tell me what he had done. At the patient's urgent request I removed the tumour, which she was positive had not decreased since the former operation ; on the contrary, she was inclined to think it had increased. There was also this remarkable fact that, whereas menstruation had been very moderate before the operation, it had actually increased since, both in duration and quantity. The tumour weighed 2 lbs. 3 oz.

It may be within your recollection that, when, three months ago, I had the honour of showing a similar series of tumours, I stated that whatever might be the future of oöphorectomy in the treatment of fibroid tumours, it could not come into competition with hysterectomy in such cases as I then showed ; for while in some of the cases the ovaries could not be removed at all, in others it would have been the height of folly to leave behind after removal of the ovaries, a tumour which was bleeding from a great part of its surface through the breaking down of adhesions, in yet others the tumour had already begun to undergo cystiform degeneration—a condition which is as surely fatal as the ovarian cystoma.

In the discussion which followed one of the speakers gave it as his opinion that hysterectomy ought not to be done until oöphorectomy had been tried and had failed. That is a proposition which to my mind is both unscientific and irrational. It is unscientific because it refuses to take notice of facts already known and of failures that have been already met with. It is irrational because it is always unwise to draw a hard and fast line in such a case as this. But I must not dwell on this point.

Great stress has been laid on the importance of securing the ovarian arteries in Battey's operation. Even if this were possible in all cases—and I am far from saying that it is—what do we gain ? It seems to be forgotten that the uterus is supplied by one uterine and one ovarian artery on each side, and that the uterine is the larger of

the two. It seems to be forgotten that there is such a thing as a compensating law of nature, by which, when of two sources of blood supply one is cut off, the balance is restored through the remaining channel. The experiments of Hunter on the growing horn of the stag, and the practice of surgeons in the case of aneurism, show that this is true in the case of collateral circulation. And if it be true in the case of collateral circulation, how much more likely is it to be true in the case of direct supply.

I have only to add that all these patients have either recovered or are convalescent, that of twenty-two cases of hysterectomy treated by the extra-peritoneal method in the manner I have on a former occasion explained, twenty have recovered, and that in not one of these has the operation been done with what has been called "full antiseptic precautions."

Mr. Knowsley Thornton said, the two cases in which removal or partial removal of the uterine appendages has been performed are most beautiful evidences of the value of this operation. I say partial operation advisedly with regard to the first of them, because I was present at the original operation, and I was present again at the hystereetomy, and examined the tumour immediately after its removal. The right ovary was imperfeetly removed, and I saw during the hysterectomy that a portion of the left ovary still remained, half bedded in the side of the tumour. It was then a very imperfect öophorectomy, and yet we see that the tumour is atrophying and going through those degenerative cystic changes which we aim at in performing this operation of removal of the uterine appendages. I have shown, by one of my cases, that this operation will cure that usually troublesome disease, true fibro-cyst of the uterus. But in this specimen we have not to consider this disease, the cysts are merely part of the process of degeneration and absorption, which the original operation was designed to produce. We are told that the patient had reeurrence of hæmorrhage, and prolonged weeping from the uterus, and this is just what we should expect with the ovaries partially removed, and their remains kept in constant irritation by the presence of silk ligatures in their substance. All we know of metrostaxis tends to show us that its great inducer is ovarian irritation (*i.e.* irritation of the ovarian nerves). We see this with the nerve tension from growing follicles in menstruation. We see it in the hæmorrhages following quickly upon the removal of the appendages. We see it after removal of one ovary, as in ovariotomy; and we see it still more strikingly in cases in which an elderly woman, years after the menopause, grows an ovarian tumour, almost the first symptom is metrostaxis, coming

at more or less regular intervals, and continuing while the tumour is small, and ceasing when the ovary is destroyed and turned into a large and easily recognisable ovarian cystoma. Metrostaxis and weeping from the uterus are by no means things to complain of after removal of the appendages for the cure of fibroid. They are a part of the cure, and my experience has shown me, that cases in which they occur cure most rapidly. I cannot speak with the same certainty as to the nature of the first operation in the second case, as I did not see it; but I was present at the hystereetomy, and seeing the tumour it appeared to me that the removal of the appendages had been imperfect as regards one tube and one ovary. This tumour is also evidently atrophying though more slowly, because it was receiving a considerable blood supply from adhesions to the cicatrix and omentum. I claim these two cases, then, as giving an excellent illustration, and one which I trust we are not likely to have frequent opportunities of seeing, of the value of the operation of removal of the uterine appendages for fibroid. Thereby seeing these two patients as I did upon the operating table, I am perhaps not in a very good position to judge of their health, but certainly patients do not usually look their best just before operation, and these women appeared to me to be in excellent health; they both had fair colour, they were both rather stout than thin, and were evidently well nourished; their abdomens were distinctly flaccid, showing that they had been more distended at some previous time. I would ask then, with all the evidences which we have before us, that the first operations were surely, if slowly, fulfilling their purpose, what justification did the condition of either of these women afford for again putting their lives in danger by so serious an operation as that of hysterectomy? I at any rate cannot find evidence of such justification in what we have been told about them. They are recovering, and so far it is well, but they can hardly be said to be convalescent while they have large suppurating wounds at the site of the pedicle. Will their condition twelve months hence be one of greater comfort than it would have been if they had been advised to have a little patience, and await the full benefit to be derived from the first operations? I admit that the operation for removal of the uterine appendages is often a very difficult one, and one requiring considerable manipulative skill, but it is a safer and more conservative one, than the more easy one of hystereetomy, which simply consists in dragging uterus and ovaries out of the abdomen, and fixing the stump with a wire and pins in the cicatrix; a return to the clamp principle, which has so deservedly and universally fallen into discredit in ovariotomy. Is a woman more unsexed by the mere removal of the uterine appendages, with her uterus remaining of its normal size and in normal position, or by a clean sweep of ovaries, tubes and body of uterus, with the cervix dragged up and fixed in the abdominal cicatrix, and very likely in addition a permanent fistula, or the life-long misery of a bad ventral hernia? Replying later to some remarks by Dr. Savage, Mr. Thornton pointed

out that his remarks as to the justifiability of these operations, merely referred to the two special cases, and that he did not positively say that they were not justifiable, but asked for further grounds of justification than had been given.

Dr. Savage said his notion of "justifiable" as applied to surgical proceedings was, that when the disease rendered the patient's life intolerable a surgical operation not essentially fatal was justifiable. This was the condition in Dr. Bantock's cases. The surgical proceedings he adopted resulted in curing 20 out of 22, mortality 1 in 11. Ovariotomists rejoice in success of one in ten. What better proof could there be justifying Dr. Bantock's operations? Dr. Savage regarded Battey's operation—not that for the removal of diseased tubes and ovaries—as detestable.

Mr. Doran observed that the relative merits of öophorectomy and hysterectomy for fibroid must henceforth be judged by statistics of the operations which have been performed and which will be performed; for it is evident that the advocates of the two different operations are determined to continue to act as they have hitherto acted and feel fully justified in so doing. It only remains for others to watch these operators and to judge from results, as it is now quite useless to protest against either operation on abstract grounds, since no protest will check the zeal of the operators. Before either operation becomes established, like ovariotomy, we must hear much fuller details of the experiences of experts. Öophorectomy, in a case of fibroid disease of the uterus, is not an easy operation, the ovaries are difficult to reach and to draw up into the abdominal wound and the pedicle is far harder to secure than in an average case of ovariotomy, and very complete anæsthesia is of paramount importance throughout the operation. Yet, with practice, the total removal of each ovary and the secure ligature of its vessels might be, in most cases, insured. Removal of the diseased uterus is, on the other hand, a more thorough measure, and it must be remembered that the organ is useless in these cases, as well as troublesome. Comparisons of long series of after-histories are needed before the profession can say authoritatively that either, both, or neither of these operations are justifiable.

Dr. Routh said he was sorry to see altercations in the discussion. The objects of this Society were the progress of science and truth, not recrimination. He took exception to Mr. Thornton's remarks. He had said that öophorectomy was the operation which should have been performed in two of Dr. Bantock's cases, not hysterectomy. Now he (Dr. Routh) believed that öophorectomy was (except as a *pis aller*) a shameful, often useless operation. Objection had been taken in older times in this Society to clitoridectomy because it unsexed a woman. But clitoridectomy could scarcely be said to have this effect, for women bare children afterwards, but öophorectomy completely unsexed a woman. Then in this very Society cases had been detailed where öophorectomy had completely failed to cure the sufferer, and death also had resulted. Mr. Thornton had said the cutting away of the appendages and ovaries in Dr. Bantock's last cases was *imper-*

fectly done. It seemed scarcely kind, and we should need some further evidence before we could assume that Dr. Savage, of Birmingham, and Dr. Bantock, had not succeeded because they did not do it as completely as he, Mr. Thornton, wished it done. Then it was well known that during the climacteric period, and after, fibrous tumours often disappeared. One of these women was forty-one, the other over fifty. Even supposing there was atrophy already begun in the tumours, which was questionable, how much was due to change of life, and how much to the öophorectomy? The experiment to be crucial should be performed in women in full sexual power, and in such was it justifiable? In any case, these women before the hysterectomy were bleeding incessantly, great invalids, confined to their beds, unable to work for their living, and a continual drag upon their poor relatives. Now they were healthy, strong, able to go about, and useful members of society. Who could dare to say then that the operation was not justifiable?

Dr. Wynn Williams stated that two of the specimens were removed from patients whom he had sent to Dr. Bantock for operation. They had been under his care for many months and had become quite incapacitated through pain and suffering of which they were now relieved. If that is not sufficient justification for the performance of the operation he did not know what was.

Dr. Bantock, in reply, said, Mr. Thornton contends that in these two cases of double operation hysterectomy was unjustifiable, that the lives of the patients were unwarrantably exposed to peril. I think I have already justified the operation sufficiently; in my own case the hæmorrhage had become so serious that the patient was not only a hopeless invalid, going from bad to worse, but was also a source of great anxiety to her friends. If that is not a justification of the operation I should like to know what is. I protest against the course pursued by Mr. Thornton. Mr. Thornton says that, having been present at the operation, he could assert that I did not perform the operation as it should have been done. Well, sir, I am not here to defend or speak of my own skill. Perhaps I did not do the operation properly. But when Mr. Thornton says that the tumour—which he has never had an opportunity of examining—is in a state of atrophy, he asserts that of which the case presents no evidence. The specimen fails to show, on the most careful examination, any trace of either ovary, and only a small portion of the uterine end of one of the tubes. If we take the evidence of the specimen, then, we must believe that the operation was well done. It is not my province to defend Dr. Savage—whose name I had not mentioned but Mr. Thornton has correctly given—but seeing the large experience he has had of this operation, I think we may safely take it for granted that he did it well. And, as in my own case, an appeal to the specimen confirms this. I maintain, then, that complete justification has been shown.

PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.